



MIKE DeWINE
★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ Correction to Record ☐ Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION	1. Name (Last)	(First)	(Middle)	2. Social Security Number
	Miller	Doug		
3. Previous Name(s) or Alias (Last)	(First)	(Middle)		
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address		6. Phone Number	
02/11/1971				
7. Home Mailing Address (#/Street/PO Box)	(City)	(State)	(Zip Code)	(County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name)	(Academy Number)	(Dates of Training)	

AGENCY INFORMATION	9. Agency Name			
	Amsterdam Village Police			
10. Reporting Authority's Email Address	11. Agency Phone Number			
Amsterdampd24@Yahoo.com	740-543-3797			
12. Agency Mailing Address (#/Street/PO Box)	(City)	(Zip Code)	(County Name)	
103 Springfield St. P.O. Box 115	Amsterdam	43903	Jefferson	

APPOINTMENT INFORMATION	(Complete Date, Status and ORC)	13. New Appointment Date	14. Status Change Date
		11 / 13 / 2017	/ /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input type="checkbox"/> City Full-Time/Part-Time (737.02) <input type="checkbox"/> City Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City Chief (737.02)			
<input checked="" type="checkbox"/> Village Full-Time/Part-Time/Special (737.16) <input type="checkbox"/> Village Auxiliary/Reserve (737.161) <input type="checkbox"/> Village Chief (737.15)			
<input type="checkbox"/> Township Police Officer (505.49) <input type="checkbox"/> Township Constable (509.01) <input type="checkbox"/> Other Chief - List ORC/Charter			
<input type="checkbox"/> Other - List ORC/Charter <input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311.01)			

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority	18. Printed Name and Title	19. Date	
	David F. Cimperman, Jr. Chief of Police	11 / 13 / 17	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
	Jeremy Berman, Deputy Sheriff	11 / 13 / 17	

Officer Name (Last)

Miller

(First)

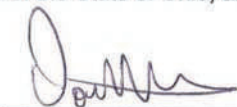
Doug

(Middle)

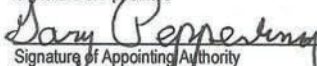
Social Security Number

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.



Signature of Appointee



Signature of Appointing Authority

Gary Pepperling

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, Village of Amsterdam

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County): East Cleveland Police	25. From(mm/dd/yyyy): 10/01/11	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		